

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90042 038 \*\*\*\*50.00

**DOCUMENT # L04000030210**

1. Entity Name

**BRYANT L & SON LANDSCAPING, LLC**



Principal Place of Business

**3037- 18 AVE. SOUTH  
ST. PETERSBURG FL 33712**

Mailing Address

**3082 14TH AVENUE SOUTH  
ST. PETERSBURG FL 33712**

2. Principal Place of Business

3. Mailing Address

**3082-14 AVE. SO**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Pete, FLA**

City & State

**St. Pete, FLA**

Zip

Country

Zip

Country

4. FEI Number

**59-1304388**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUCIUS, BRYANT  
3082 14TH AVENUE SOUTH  
ST. PETERSBURG FL 33712**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Lucius Bryant*

(NOTE: Registered Agent signature required when reappointing)

DATE

**4/3/06**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
BRYANT, LUCIUS JR.  
3082 14TH AVENUE SOUTH  
ST. PETERSBURG FL 33712**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Lucius Bryant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/3/06**